

TRANSCRIPT OF PUBLIC HEARING
ON PROPOSED PERMANENT REGULATIONS ON ABORTION FACILITIES

COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH
OFFICE OF LICENSURE AND CERTIFICATION
DIVISION OF CERTIFICATE OF PUBLIC NEED

PERIMETER CENTER OFFICE PARK, BOARD ROOM 2
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JANUARY 27, 2012

CONDUCTED BY:
MR. ERIK BODIN, ACTING DIRECTOR
OFFICE OF LICENSURE AND CERTIFICATION

TRANSCRIPT OF ELECTRONICALLY RECORDED MATERIAL

AGENCY REPRESENTATIVES

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CRANE-SNEAD & ASSOCIATES, INC.

P R O C E E D I N G S

JANUARY 27, 2012.

NOTE: This transcript was created from two electronic files saved onto a compact disc. The following dialogue was taken from the first file, denoted Track01.cda

MR. BODIN: Good morning. On behalf of the Virginia Department of Health, thank you for coming today. We'll start with introductions of the front table. To my left is Joe Hilbert. He is the Director of Governmental and Regulatory Affairs for the Department. To my right is Carol Nixon. She is a Policy Analyst for the Department. At the end is Kathy Creegan-Tedeski. She is the Supervisor of the Acute Care Unit for Licensing. And I'm Erik Bodin. I'm the Acting Director of the Office of Licensure and Certification.

A couple of housekeeping rules before we begin. If you need restrooms, they're out the door, out through the waiting room, into the lobby, and they're on either side of the elevators. In the event of an emergency there's a fire alarm, which would indicate an evacuation of the building. Exits are out back here and to the right. You'll

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1 see the first exit on the left and the other is all the
2 way down at the end of the hall. If an emergency occurs
3 that requires us to shelter in place, you'll hear an air
4 horn and we will remain in this room.

5 Last December, emergency regulations went into effect
6 for the licensure of facilities that perform five or more
7 first-trimester abortions per month, as required by
8 legislation passed by the 2011 session of the Virginia
9 General Assembly. In addition, the Governor approved a
10 Notice of Intended Regulatory Action to start the process
11 of promulgation of permanent regulations.

12 The emergency regulations now in effect must be
13 replaced by permanent regulations prior to the emergency
14 regulations expiring. We are here today to take public
15 comment on that Notice of Intended Regulatory Action.

16 Persons will be called to speak in the order in
17 which they signed in. As we used multiple sign-in
18 sheets, we will alternate between the sheets, calling
19 in order from each sheet. When I'm finished with these
20 sheets here, I will go and pick up for anybody who has
21 come in afterwards and signed on the sheets that
22 remain. We will call the speaker to speak and announce
23 the next speaker so that you can be ready. This should
24 speed the process so that everyone will have an
25 opportunity to speak today.

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1 Each speaker will be given two minutes to speak.
2 The timing clock is projected on the screen behind me
3 so you can gage your comments for the time that is
4 available. If anyone wishes to provide us with written
5 comments today, you may do so and we would welcome
6 them.

7 The hearing is being audio recorded. Periodically,
8 you will see us turn the recorder off and back on.
9 That's simply a function of being able to save the
10 recording. We will be preparing a written transcript
11 from the recording that will be posted on the Office of
12 Licensure and Certification's website as soon as we can
13 get it transcribed and posted.

14 So, go.

15 MR. HIBERT: First speaker - -

16 MR. BODIN: (Spoke at the same time as Mr.
17 Hilbert.) (Inaudible.)

18 MR. HILBERT: The first speaker is Kathleen
19 Shepherd, and on deck is Mark Earley.

20 MS. SHEPHERD: I didn't sign up to speak.

21 MR. BODIN: If you - -

22 MS. SHEPHERD: No, I just - -

23 MR. HILBERT: My apologies.

24 MS. SHEPHERD: Sorry.

25 MR. HILBERT: The first speaker is Mark Earley. On

1 deck is Jill Abbey.

2 MR. EARLEY: Good morning. Thank you for allowing
3 us to come before y'all. I'll try to be quick.

4 My name is Mark Earley. I'm with the Family
5 Foundation of Virginia, as well as Americans United for
6 Life. We would urge you to create and adopt permanent
7 abortion center safety regulations that would recognize
8 the need to put women's health first.

9 According to news reports, in 2010 three women
10 seeking second-trimester abortions followed physician
11 Steven Brigham from his Camden (New Jersey) County
12 office to a Maryland clinic he owns. They were wracked
13 with contradictions (sic) as they traveled because
14 Brigham had given them labor-inducing drugs a day or
15 two earlier. One of the women, 18, needed emergency
16 surgery at a hospital to treat a lacerated bowel and
17 uterus, unquote.

18 Even a spokesman for the National Abortion
19 Federation, which alleges to regulate abortion centers
20 in the United States, said that Brigham "shouldn't be
21 allowed to practice medicine anywhere in the United
22 States." Now, what she didn't say is that he shouldn't
23 be allowed to own and operate abortion centers in the
24 United States, and in fact, he does own them, including
25 two here in Virginia.

1 Brigham is an abortion practitioner with revoked
2 licenses in several states. And incredibly, the website
3 of Brigham's Virginia-based centers advertise abortions
4 "between 14 and 24 weeks" where the procedure is
5 started in Virginia centers and then patients are asked
6 to "travel to one of our other locations for the
7 completion of their procedure."

8 For health and safety reasons, it is illegal in
9 Virginia for 14 to 24-week abortions to be done outside
10 of a general hospital, and recently Dr. Brigham was
11 arrested and charged with five counts of murder in
12 Maryland, where bodies of babies were found in his
13 facilities.

14 Because Virginia's abortion centers have gone
15 unregulated and unsupervised for two decades, without
16 the tragic New Jersey medical emergency leading to
17 Brigham's discovery, it is unlikely anyone would know
18 about his Virginia centers.

19 The Virginia General Assembly has recognized the
20 need to put women's health first, and in promulgating
21 emergency regulations, this Board has recognized the
22 need as well by passing the emergency regulations that
23 are now in place.

24

25 NOTE: A bell rang.

1

2 MR. EARLEY: We would urge you to pass the
3 permanent regulations that ensure the future safety of
4 women of Virginia and protect them from the likes of
5 Dr. Steven Brigham.

6 MR. BODIN: Thank you.

7 MR. EARLEY: Thank you very much.

8 MR. HILBERT: The next speaker is Jill Abbey. On
9 deck is Eugenia Anderson-Ellis.

10 MS. ABBEY: My name is Jill Abbey, and I am the
11 administrator of the Richmond Medical Center for Women.
12 I've been working in women's healthcare since 1983 and
13 I have been the Clinic Administrator at Richmond
14 Medical Center since 1991.

15 The Richmond Medical Center has been providing
16 reproductive healthcare to women in offices throughout
17 the state for decades. Dr. Fitzhugh, the physician who
18 performs abortions at the center, is a well-respected
19 professional across the state and well known in his
20 field.

21 We have an excellent track record, providing high-
22 quality reproductive healthcare to our patients. We've
23 been offering first-trimester abortion care for over 39
24 years.

25 Abortion is a safe, legal medical procedure. At

1 least half of all women will experience an unintended
2 pregnancy, and one in three will have an abortion in
3 the United States by the age of 45.

4 I'm deeply concerned about the effect the proposed
5 regulations will have on the patients who seek care
6 from us and our ability to continue providing care to
7 them. The regulations appear to be the same as the
8 emergency regulations in effect now, and making them
9 permanent will only entrench the harms to patient care.

10 The section which deals with the design and
11 construction regulation effectively requires us to
12 become an out-patient surgical facility. In our current
13 configurations we are able to provide a level of
14 privacy, personalized attention, and ongoing care that
15 would be impossible to obtain in a hospital-like
16 setting. This regulation would make it virtually
17 impossible for us to continue providing care, as we
18 would meet the requirements only by entirely rebuilding
19 our facility, engaging in significant and costly
20 renovations, or moving to a new facility.

21 Assuming it could be done, it doesn't even address
22 the quality of care. I support the highest standards of
23 care for women, as do all of our staff. As a healthcare
24 provider, I stand for regulations that support patient
25 healthcare needs and reflect sound medicine. These

1 regulations do not accomplish that. They only limit
2 access to safe abortion by driving legitimate - -

3

4 NOTE: A bell rang.

5

6 MS. ABBEY: - - providers out of practice at a time
7 when women need access to more affordable care.

8 Thank you very much.

9 MR. BODIN: Thank you, ma'am.

10 MR. HILBERT: Thank you.

11 MR. HIBERT: The next speaker is Eugenia Anderson-
12 Ellis.

13 MS. ANDERSON-ELLIS: Good morning. I do appreciate
14 the opportunity to talk to you. I understand this is
15 not an abortion referendum. This has to do with
16 construction. This has to do with regulations that
17 affect Planned Parenthood and other abortion health
18 clinics.

19 I know that when I was born there were about seven
20 million people on this planet; billion, beg your
21 pardon. There are now—Alright. Let me start again.
22 There were four billion when I was born. There are
23 about seven billion now.

24 Any organization that helps family plan should be
25 encouraged, should be helped in any way that they can.

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1 And what bothers me the most about this—Of course
2 we're all, we think the story that was just told about
3 Bingham, horrible. Who would ever be for something like
4 that? We're for good healthcare, but we're also very
5 opposed to any kind of regulation that obfuscates the
6 real reason for the regulation. This is not needed.
7 This is just going to put some of these facilities out
8 of business.

9 I mean, if that's really what you want, you're
10 going to achieve it, but I don't believe, if you are
11 scientists and medical professionals and people who
12 care, really deeply care, about the health of women, I
13 don't believe that this is something you want.

14 I'm so proud of being a Virginian and I'm so proud
15 of how we take care of our people and I'm proud of
16 choice. I support someone's desire not to have an
17 abortion, not to ... to ... to be opposed to abortion,
18 but you can't put down regulations that have nothing to
19 do with the science and will close the ability for
20 people to learn about family planning, to have cancer
21 screenings, to have all sorts of health benefits that
22 are there for them.

23 This is ... this is just unnecessary and
24 obstructionist, and I hope you'll see it for that.

25 Thank you for the opportunity to express myself.

1 Good bye.

2 MR. HIBERT: Next speaker is Kathy Greenier, and on
3 deck is Tarina Keene.

4 MS. GREENIER: Hi, there. The American Civil
5 Liberties Union of Virginia opposes the regulations for
6 women's health centers. The proposed regulations
7 mandate unnecessary and burdensome restrictions for
8 physicians who provide abortion care, singling out
9 abortion providers for regulations that pose threats to
10 patient access to healthcare.

11 Most onerous is the section regarding the
12 architectural requirements, which require existing
13 women's health centers to come into compliance with
14 three chapters of the 2010 guidelines for designing
15 construction of healthcare facilities within the next
16 two years. However, these guidelines are intended to
17 only apply to new construction, not existing
18 facilities. Notably, other regulations of healthcare
19 facilities or of buildings take into account the
20 differences between existing and new construction. We
21 are aware of no other instance in which Virginia has
22 required existing healthcare facilities to comply with
23 regulations or guidelines designed for new
24 construction.

25 Furthermore, the Attorney General's office advised

1 the Board of Health during the temporary emergency
2 regulation process that the imposition of the 2010
3 guidelines for existing health centers is mandated by
4 state law, but the legislation requiring the
5 implementation of regulations does not require anything
6 specific at all.

7 There is simply no legitimate legislative purpose
8 for singling out abortion providers. Abortion is no
9 different from many other outpatient procedures that do
10 not trigger these kinds of unneeded regulations. The
11 proposed regulations are inconsistent with what is
12 required of comparable medical facilities. They are
13 medically unnecessary and take abortion providers out
14 of existing regulatory schemes applicable to other
15 physicians who provide similar or even riskier
16 procedures.

17

18 NOTE: A bell rang.

19

20 MS. GREENIER: Thank you.

21 MR. HIBERT: Next speaker is Tarina Keene, and on
22 deck is Courtney Jones.

23 MS. KEENE: Good morning. My name is Tarina Keene,
24 and I am the Chair of the Virginia Coalition to Protect
25 Women's Health, and it is our sincere hope that we can

1 find ways to work together during this permanent
2 regulatory process.

3 Many of the state's providers have been open from
4 two to three decades, providing safe, affordable, high-
5 quality care, but the extensive and overly burdensome
6 building requirements are proving to be a daunting
7 hurdle both in retrofitting their existing buildings to
8 meet modern-day hospital specifications and
9 financially.

10 I know of three women's health center owners who
11 have not taken a salary for more than two years due to
12 the economy, but their commitment to caring for women
13 is their top priority and they do not want to let women
14 down. However, these regulations further threaten their
15 ability to continue operating for no other reason than
16 their hallways and ceilings aren't wide or high enough.

17 A panel of medical experts last summer helped draft
18 the emergency regulations. Except for applying the 2010
19 facility guidelines building standards, they inserted a
20 grandfather clause for the existing women's health
21 centers. I and thousands of Virginians ask you to do
22 the same. These medical practices deserve that
23 opportunity. By doing so, the regulations will
24 primarily be medically appropriate for the performance
25 of first-trimester abortion and should not impede

1 women's access to essential reproductive healthcare.

2 You definitely have a very tough job to do over the
3 next 18 to 20 months, and honestly I don't envy you. I
4 realize that each of you brings your own professional
5 and professional (sic) expertise to this process. I
6 also know that each of you probably hold your own
7 opinions and ideas about abortion, but I hope you will
8 draw on your medical and health expertise when
9 considering just how far these regulations should go
10 and the long-term impact they will have on Virginia's
11 women.

12

13 NOTE: A bell rang.

14

15 MS. KEENE: Thank you so much.

16 MR. HIBERT: Thank you. The next speaker is Courtney
17 Jones, and on deck is Amy Weiss.

18 MS. JONES: Good morning. My name is Courtney
19 Jones, and I'm here today on behalf of Planned
20 Parenthood Advocates of Virginia.

21 I'm here today because we believe the proposed
22 regulations are overly burdensome and unnecessary. They
23 have no proven medical benefit and will only serve to
24 reduce or eliminate patient access to healthcare.

25 Virginia women need more access to high-quality

1 healthcare, not less. The regulations will increase the
2 financial burden on patients and decrease patients'
3 healthcare options, thereby marginalizing young, low-
4 income, and uninsured women.

5 Abortion is among the safest of all medical
6 procedures, and one in three women will need access to
7 abortion care in her lifetime. Instead of improving
8 patient safety, these regulations will limit access to
9 a wide range of preventive reproductive healthcare
10 services, including life-saving cancer screenings,
11 sexually transmitted infection screening and testing
12 and treatment, and family planning.

13 Planned Parenthood Advocates of Virginia hopes that
14 the permanent regulations will be based solely on
15 medicine and science and should not impede women's
16 access to essential reproductive healthcare. Thank you.

17 MR. HIBERT: The next speaker is Amy Weiss, and on
18 deck is Margaret Deck.

19 MS. WEISS: Hello. My name is Amy Weiss.

20 UNKNOWN SPEAKER: (Inaudible.)

21 MS. WEISS: Oh, I'm sorry.

22 UNKNOWN SPEAKER: (Inaudible.)

23 MS. WEISS: That works better.

24 And I'm a law student right here in Richmond,
25 Virginia, and a lifelong resident of Virginia. And I

1 think everybody in this room knows that these
2 regulations aren't really about protecting women and
3 their health. We all know that these are targeted
4 attacks on abortion providers.

5 But I don't really want to focus on that. I want to
6 focus on the other services that these providers give
7 to a lot of low-income women, like myself, as a
8 student, who might not have access to all the same
9 health benefits or insurance as other people.

10 Planned Parenthood, abortion makes up only about
11 seven percent of the services they provide. They also
12 have an emphasis on preventative services and education
13 and reaching out to low-income women, with sliding
14 scales to accommodate people from all income levels.

15 As a Virginia woman, I expect my legislature to
16 show more respect for me by not passing these type of
17 thinly veiled politicized attacks on my rights to
18 autonomy over my body, and I urge you to take into
19 consideration the real meaning behind these regulations
20 and to not pass them that can take away important
21 preventative care from thousands of women across the
22 state.

23 Thank you very much for your time.

24 MR. BODIN: Thank you.

25 MR. HIBERT: The next speaker is Margaret Deck, and

1 on deck is Holly Gordon.

2 MS. DECK: Good morning. I'm Margaret Deck. I'm a
3 citizen. I am dismayed that my legislature is spending
4 its deliberative resources on piling on regulations on
5 these clinics.

6 If we, as a society, have extra healthcare
7 resources, why not point them to unmet, appallingly
8 unmet, dental needs in the poorer parts of our
9 Commonwealth? I personally believe that some of the
10 abuse of pain medications comes from unmet dental needs
11 in this Commonwealth.

12 Please roll back the temporary regulations to what
13 they were before. I am unaware of any pervasive
14 problems under the previous regulations.

15 Thank you.

16 MR. HIBERT: Thank you. Next speaker is Holly
17 Gordon, and on deck is Frances Bouton.

18 MS. GORDON: Hi. I'm Holly Gordon and I'm here as a
19 concerned citizen and a woman of reproductive age in
20 the Commonwealth of Virginia. And I wanted to just
21 speak to the ability of these clinics to do amazing and
22 comprehensive services both for safe and regulated
23 abortion, which it already is, but also mostly the
24 preventative services.

25 I try not to repeat what everyone else has said,

1 but it is a little bit necessary to repeat it because I
2 see it all the time. I have used Planned Parenthood
3 services for prevention and contraception, and I
4 appreciate that they support all women in the
5 commonwealth, and including some men who are there for
6 support and for testing and treatment of sexually
7 transmitted infections and diseases.

8 And I think that what's scary about this for me is
9 that putting more regulations on these clinics is only
10 mostly going to impact low-income, because women of
11 means will always find a way to make it happen if they
12 need to. And I'm concerned that I've seen over time, of
13 the 12 years I've lived in Virginia, many women who
14 constantly use Planned Parenthood and other clinics for
15 their reproductive services, and that those that live
16 nearby might not be impacted but those who are already
17 having to travel a little ways to get there, they're
18 going to be even more impacted by such regulations.

19 So, I just wanted to kind of urge you as a woman to
20 take these things into consideration and that all of us
21 are very passionate about this and we care about our
22 own bodies, but also women make up at least half of the
23 population. And women's rights are human rights, to
24 paraphrase Secretary of State Hillary Clinton. So, I
25 think that that's something to keep in mind, that it's

1 not just a legislative issue. We're talking about real
2 women, here.

3 Thank you.

4 MR. HIBERT: Next speaker is Frances Bouton, and on
5 deck is Lisa Brown.

6 MS. BOUTON: The reason we need regulations for
7 abortion facilities in Virginia is because women
8 deserve better. Here's a prime example from the Hampton
9 Roads area. The abortion facility in Virginia Beach.
10 Virginia Women's Wellness, at 241 Groveland Road, is
11 owned by the notorious abortionist Steven Brigham. He
12 has two abortion facilities in Virginia and thirteen
13 more in other states.

14 Last month, Brigham was arrested on five counts of
15 first-degree murder and five counts of second-degree
16 murder. This was for illegal late-term abortions
17 crossing state lines and for the 35 late-term aborted
18 babies in his clinic's freezer. Brigham has had a host
19 of arrests over the years and his license has been
20 revoked or retired in six states. This was because he
21 hurt women.

22 Craig Cropp, the abortionist at Brigham's Virginia
23 Beach facility, has also has his license revoked in two
24 states for surgically hurting women but has been
25 reinstated in Virginia. Before coming to Virginia

1 Wellness, he was performing laparoscopic surgery on
2 women with no training whatsoever, and these women were
3 perforated and hurt.

4 In another procedure, one of the reasons Cropp gave
5 for perforating a woman's womb was that he wasn't used
6 to his bifocals yet. Who knows if these women can still
7 have children now.

8 The job description on Brigham's website for a new
9 abortionist says "Lucrative pay," "any medical
10 specialty is o.k.," "board eligibility not required,"
11 "no experience needed, we will train."

12 This Virginia Beach abortuary, itself, is located
13 on the second floor of a building with no elevator. In
14 case of a fire or medical emergency, there are only two
15 rusty metal outdoor staircases where women could get
16 out or help could arrive.

17 No matter what side of the abortion fence you are
18 on, it is clear that women in Virginia deserve better
19 than this. And that is why we need regulations in
20 Virginia.

21 Thank you.

22 MR. HIBERT: Next speaker is Lisa Brown.

23 MS. BROWN: Good morning. My name is Lisa Brown.
24 I'm the Senior Counsel of the National Abortion
25 Federation. NAF is the professional association of

1 abortion providers in North America, and our members
2 include women's health centers here in Virginia.

3 For more than 35 years, NAF has ensured the safety
4 and high quality of abortion practice with standards of
5 care, protocols, accredited continuing medical
6 education, and NAF's evidence-based clinical policy
7 guidelines, which set the standard for quality abortion
8 care in North America.

9 Abortion care is one of the safest and most
10 commonly provided medical procedures in the United
11 States. Fewer than .3 percent of abortion patients
12 experience a complication that requires
13 hospitalization. Credit for the outstanding safety
14 record of abortion care is attributed to the
15 specialized care given and received in outpatient
16 facilities.

17 We are very concerned that the temporary
18 regulations, if made permanent, will jeopardize the
19 ability of women's health centers in Virginia to
20 continue to provide safe, quality abortion care, and
21 will limit the ability of Virginia women to access that
22 care. We strongly urge you to fully engage in the
23 permanent regulatory process and not just to rubber
24 stamp the temporary regulations.

25 The permanent regulatory process should be a time

1 to ensure that full consideration is given to the
2 advice of experts, the facts about the impact on small
3 businesses, and the comments of the citizens of
4 Virginia. You-all should seize this opportunity to
5 consider what your own medical experts originally
6 recommended for these regulations and determine what is
7 appropriate given the safety of abortion care in
8 Virginia.

9 Specifically, we urge the Board of Health and the
10 Department of Health to strengthen the confidentiality
11 provisions and remove the structural requirements
12 contained in the temporary regulations. Confidentiality
13 of provider and patient information is of paramount
14 importance to women's health centers in Virginia, and
15 to the medical community as a whole, and must be
16 explicitly protected. Extensive structural requirements
17 such as those contained in the temporary regulations
18 are medically unnecessary and entirely political. It is
19 essential that the Board of Health and the Department
20 of Health take this opportunity to enact appropriate,
21 evidence-based regulations.

22 Thank you so much for your time and consideration.

23 MR. BODIN: Thank you.

24

25 NOTE: Muted, mostly unintelligible, comments

1 can be heard, apparently made among members of
2 the panel and then members of the audience.

3
4 MR. HIBERT: Next speaker is Margaretha Backers-
5 Netherton, and on deck is Amy Travin.

6 MS. BACKERS-NETHERTON: My name is Margaretha
7 Backers-Netherton. I'm a registered nurse who has
8 worked initially full time and recently on call for
9 Falls Church Health Care.

10 These are the temporary regulations under proposal.
11 When added to the regulations from the CDC, ACOG, CLIA,
12 OSHA, HIPPA, CMA, Virginia Corporation Commission, IRS,
13 NAF, ACN, ARHP, and various insurance companies, you
14 can see that these small businesses are already swamped
15 with paperwork and regulations. These new regulations
16 would consume time and resources with no foreseeable
17 improvement in patient care. If these regulations are
18 to make clinics more safe, why aren't they being
19 applied to clinics and offices providing laser surgery,
20 colonoscopies, cosmetic and plastic surgery, dental
21 surgery, and many other really invasive procedures?

22 There is not a public health crisis regarding our
23 Virginia women's clinics. To the contrary, these
24 women's clinics have been operating safely for years,
25 ten, in my clinics' case. They have been taking care of

1 women with prophylactic exams and treatment and
2 reducing abortions by educating about and providing
3 contraception. In fact, a woman's chance of death in
4 pregnancy and childbirth is 10 times higher than from
5 legal abortion.

6 Have any studies even been done to prove that all
7 of these additional government regulations will in fact
8 make women's clinics safer, or will their accommodation
9 take more of our precious time and funds? Has the
10 Governor made preparations to supply the needed
11 gynecological services to women if these clinics are
12 forced to close because of the cost of these unneeded
13 regs? OBGYNs are in short supply.

14 I would like to invite each of you to visit our
15 clinic to see how much-needed services are currently
16 provided, safely and ethically. Any new regulations
17 implemented should be thoroughly researched and based
18 on improving healthcare for women in Virginia, not - -

19

20 NOTE: A bell rang.

21

22 MS. BACKERS-NETHERTON: - - on religious or
23 political agendas.

24 MR. BODIN: Thank you, ma'am.

25 MR. HIBERT: Thank you.

1
2 NOTE: Muted, mostly unintelligible comments
3 can be heard briefly, apparently made among
4 members of the panel.
5

6 MR. HIBERT: The next speaker is Amy Travin.

7 MS. TRAVIN: Good morning. My name is Amy Travin.
8 I'm a second-year law student at the University of
9 Richmond. I'm here because my access to healthcare is
10 quite minimal. I have short-term emergency healthcare
11 insurance that I renew every six months because it's
12 expensive for me to get comprehensive healthcare. So
13 these types of clinics are the only doctors that I see
14 once a year for preventative care to get my
15 contraception every year.

16 Extensive burdensome requirements for these clinics
17 that are unrelated to the services that I need have no
18 proven medical benefit or will reduce or eliminate my—
19 or it will reduce and almost eliminate my access to
20 healthcare. Medically inappropriate and unnecessarily
21 burdensome regulations would restrict access to
22 essential healthcare services for people like me,
23 further marginalizing low-income, uninsured, or low-
24 insured women by decreasing their healthcare options.

25 It's my hope that the regulations will be amended

1 to be based purely on medicine and science and not
2 impede women's access, like me, to essential healthcare
3 services.

4 Thank you.

5 MR. HILBER: That completes the list of individuals
6 that signed up to speak.

7 MR. BODIN: Is there anyone else in the room who
8 did not sign up to speak and would like to speak, who
9 hasn't already spoken?

10 (No audible response.)

11 MR. BODIN: Yes, ma'am, please. And since you
12 didn't sign in, if you would introduce yourself we'll
13 start the clock after your introduction.

14 S1 I'm Diana Egozcue. I'm president of Virginia
15 Now, and I had trouble getting here.

16 Virginia Now is against this. It's a folly for
17 women to put all these—We existed so long with rules
18 that were just fine. We were making it. And suddenly we
19 need to be protected.

20 I don't need to be protected. I don't feel like it
21 is the government's job to get between me and my
22 doctor. As a—Sorry. I just walked in. As a wife who
23 lived under the Hyde Amendment for years in the
24 military, and I was also an Air Force brat so I knew
25 this law forever, this irritates me that now we're

1 going to impose this kind of law in the state of
2 Virginia to cover all women. And we're especially
3 picking on poor women, because women like me, we can
4 fly off to Europe and get an abortion any day we want,
5 but poor women are stuck here. And we need to be
6 providing for their care, too.

7 And to take—I watched yesterday when they took
8 away fetal anomalies, the funding for that. What's the
9 point of this? It's just mean, corrosive laws that
10 don't do anything for women. It just hurts them.

11 We're not talking about what I would consider laws.
12 Let's talk about penis responsibility. Let's make
13 things about rape and incest. Let's not put the burden
14 constantly on women and especially the poor, because
15 you're not just hurting white women. You're hurting
16 Black women, Chicano women, all kinds of women who
17 can't afford to have care. And you're also taking away
18 the money for teen pregnancies. Let's talk about birth
19 control. Let's not go all the way to abortion.

20 I'm sorry. I just don't comprehend these laws, and
21 to make them permanent is, to me, is a disgrace.

22 Thank you.

23

24 NOTE: A bell rang.

25

1 MR. BODIN: Thank you.

2 Is there anyone else who did not sign in who has
3 not yet spoken and would like to speak?

4 (No audible response.)

5

6 NOTE: A muted, mostly unintelligible
7 conversation, apparently between agency
8 representatives, can be heard.

9

10 MR. BODIN: Just in the interests of—Because it is
11 a little wet outside and it's a little early, yet,
12 we'll stand the hearing in recess for about 10 minutes,
13 and if anybody else shows up in that period of time
14 we'll take them as speakers, and if not, we will then
15 adjourn the public hearing.

16

17 NOTE: End of first electronic file. The
18 remainder of the transcript was taken from the
19 second electronic file, denoted Track02.cda.

20

21 MR. BODIN: Alright. We're ready to reconvene. We
22 had two more sign in in the recess so we'd like to get
23 back.

24 MR. HIBERT: The next speaker will be Karen Wells,
25 and on deck is Thomas Cleary.

1 MS. WELLS: Good morning. I am an employee at the
2 Richmond Medical Center for Women, and I've been there
3 for six years now. And I'm just here to just give a
4 little insight as to what actually goes on at that
5 clinic and what women in our community will lose should
6 that clinic cease to exist.

7 I have a friend who is trying to live the American
8 Dream. She's a single mother, homeowner, 33 years old,
9 12-year-old son, worked at Reynolds for 10 years,
10 Reynolds Metal, and got caught up in the layoffs there.
11 So she left. She went to school, back to school, to get
12 certification in the highly lucrative medical field.
13 During that time, she lost her health insurance when
14 she lost her job. She couldn't afford her COBRA, and
15 being a single mother with a mortgage and bills, she
16 couldn't afford to pay her health insurance.

17 Well, she had an issue, a women's health issue, and
18 she knew where I worked, and she gave me a call and she
19 said, "Well, Karen, I'm having a real bad problem. I
20 don't have any health insurance but I've got some bad
21 stuff going on and the gynecologist's office wants to
22 charge me \$300 for a visit, and then I would have to
23 get prescriptions filled, and I can't afford to do
24 that."

25

1 So, I said "Well, let me see what I can do." So I
2 got on the phone and I called my director, Jill Abbey,
3 and I explained the situation to her. Jill said, "Well,
4 have her come on in. Tell her to pay \$20."

5 She came in, got her situation solved - -

6

7 NOTE: A bell rang.

8

9 MS. WELLS: - - paid \$20 and the prescriptions were
10 6.

11 MR. BODIN: Thank you, ma'am.

12 MR. HIBERT: The next speaker is Thomas Cleary.

13 MR. CLEARY: Good morning, and I appreciate your
14 work to improve the health of the people of Virginia.

15 I do not think this new change in the law about
16 clinics for women is going to help the health of the
17 people of Virginia. It's going to help people who are
18 not interested in or do not understand, and the people
19 that do understand, which are women, they understand
20 what their problems are, and they understand that they
21 need help, and they know what the help they need. They
22 do not need someone, a man or another person, to tell
23 them what that clinic should be like, and especially to
24 make it impossible for them to get the help that they
25 need. And I think that that's what this change will do,

1 cause clinics to close down, cause women to seek help
2 which is not the best help or even helpful.

3 And, so, I am not a doctor. I am not in health, but
4 I care for the people and I care for the women and I
5 care for especially—I speak Spanish—I care for the
6 Spanish-speaking women who are especially needy of this
7 - -

8

9 NOTE: A bell rang.

10

11 MR. BODIN: Thank you, sir.

12 MR. CLEARY: - - clinic. Thank you.

13 MR. HIBERT: Thank you.

14 MR. BODIN: We'll ask again. Is there anyone in the
15 room who has not already spoken and would like to
16 speak?

17 (No audible response.)

18 MR. BODIN: Well, hearing none, on behalf of the
19 Department of Health and the Commonwealth, I would like
20 to thank all of you for coming today and participating
21 and sharing your comments with us.

22 I adjourn this public hearing. Thank you.

23

24 **NOTE: END OF HEARING.**

25

26

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CERTIFICATE OF TRANSCRIBER

I, Laura M. Featherston, certify that I created the above transcript of the January 27, 2012, public hearing on proposed permanent regulations on abortion facilities. I further certify that, to the best of my ability, this transcript, pages 1 through 33 (including this certificate), is a true and accurate record of that hearing, as recorded in two electronic files saved onto a compact disc and sent by Mr. Floyd R. LeVere, II, of the Commonwealth of Virginia Department of Health, Office of Licensure and Certification.

Given under my hand this 2nd day of March, 2012:

Laura M. Featherston